

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8	1						58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13	1						63					
14	1						64					
15	2						65					
16	2						66					
17	2						67					
18	2						68					
19	2						69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	14	↓		↓		↓	TOTAL DEP.	↓		↓	↓	↓
TOTAL CLAIMS	24						TOTAL CLAIMS					

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